

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

45th day 11-10-18

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445172 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | 0<3) DATE SURVEY COMPLETED 09/26/2018 |
| NAME OF PROVIDER OR SUPPLIER CONCORDIA NURSING AND REHABILITATION-SMITH COUNTY | | | STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR CARTHAGE, TN 37030 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX TAG | PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BECOMPLETION CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) | |
| F | 000 INITIAL COMMENTS | | F 000 | | |
| F | <p>An annual Certification was conducted on 9/24/28 -9/26/18. There was one deficiency cited related to the recertification survey under 42 CFR Part 483 requirements for Long Term Care Facilities.</p> <p>812 Food Procurement, Store/Prepare/Serve-Sanitary SS=D CFR(s): 483.60(i)(1)(2)</p> <p>S483.60(i) Food safety requirements. The facility must -</p> <p>S483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>S483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility policy review, medical record review, observation and interview, the facility failed to serve food in a safe and sanitary manner for 2 of 16 residents (#28 and #60) observed during the breakfast meal.</p> <p>The findings include:</p> | | F 812 | <p>F 812</p> <p>Food Procurement Store/Prepare/Serve-Sanitary</p> <ol style="list-style-type: none"> 1. On September 25, 2018 Administrator, DON, and SDC, used the company policy for proper food handling to educate all clinical licensed staff who are involved in food handling to include resident numbers 28 and 60. 2. All residents have the potential to be affected. On 9/25/2018 Administrator, DON, and SDC educated all clinical licensed staff who are involved in food handling. Educators conducted demonstration/return demonstration from all licensed clinical staff. 3. On October 10, 2018 Administrator, Don and SDC conducted education with all clinical licensed staff who are involved in food handling, using our company policy on proper food handling. Educators conducted demonstration/return demonstration from all licensed clinical staff. 4. Monitoring will be done utilizing a calendar audit in Exel form. (what are you using to monitor?) The audit will be | |

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conducted five times a week for one month, Three times a week for one month, and one time a week for an additional month. The Exel audit findings will be taken to the QAPI meetings monthly times three, to assure ongoing compliance. QAPI attendees consist of Administrator, DON, Medical Director, Dietary, MDS, Therapy, Admissions, Housekeeping, and a CNA.

10/15/2018

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Alan A. Hall

Administrator

10-11-2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 812 | <p>Continued From page 1</p> <p>Review of the facility policy Dining Standards revised 11/2017 revealed "...staff uses utensils, deli tissues, dispensing equipment or single use gloves to avoid bare hand contact of ready to eat foods..</p> <p>Medical record review revealed Resident #28 was admitted to the facility on 6/3/16 with diagnoses included Muscle Weakness, Dysphagia, and Arthropathy.</p> <p>Medical record review of the Quarterly Minimum Data Set (MDS) Assessment dated 8/1/18 revealed Resident #28 required supervision with assistance of 1 person for eating.</p> <p>Observation on 9/24/18 at 8:00 AM in Resident #28's room revealed Certified Nurse Aide (CNA) #1 was setting up breakfast for the resident. Further observation revealed CNA #1 picked up the resident's biscuit with her bare hand, cut the biscuit in half lengthwise using a butter knife, then picked up the sausage with her bare hand and placed it between the M'O biscuit halves and placed it back on the plate.</p> <p>Medical record review revealed Resident #60 was admitted to the facility on 8/3/16 with diagnoses included Dementia, Muscle Weakness, and Adult Failure to Thrive.</p> <p>Medical record review of the Annual MDS Assessment dated 7/10/18 revealed Resident #60 required supervision with meal setup only</p> <p>Observation on 9/24/18 at 7:55 AM in Resident #60's room revealed CNA#1 was setting up breakfast for the resident. Further observation revealed CNA #1 picked up the resident's biscuit</p> | F 812 | |

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| F 812 | <p>Continued From page 2 with her bare hand, cut the biscuit in half lengthwise using a butter knife, then picked up the bacon with her bare hand and placed it between the biscuit halves and put it back on the plate.</p> <p>Interview with CNA#I on 9/24/18 at 8:01 AM in Resident #28's room confirmed she needed to put gloves on before touching the resident's food</p> <p>Interview with the Director of Nursing (DON) on 9/25/18 at 8:22 AM in front of her office confirmed the staff needed to wear gloves when touching the resident's food.</p> | F 812 | | |
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| E 000 | Initial Comments An emergency preparedness survey was completed on 9/26/18 at Concordia Nursing and Rehabilitation. No deficiencies were cited under FED-E-I.OO. | E 000 | | | | | |

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TITLE

DATE

LABORATORY DIRECTOR'S